

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027281

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

896

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 29 1963

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Buchanan | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, | a. STATE Missouri b. COUNTY Buchanan | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Length of stay in 1b 41 years | | c. CITY OR TOWN St. Joseph, | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2907 Olive Street | | d. STREET ADDRESS (If outside, give location) 2907 Olive Street | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | |
| First Middle Last ELLA MAE ARNETT | | Month Day Year July 22, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 1, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE (last birthday) 78 |
| 11a. FATHER'S NAME David Allen | | 11b. BIRTHPLACE (City and state or country) Rochester, Missouri | |
| 12a. MOTHER'S MAIDEN NAME Katie Kent | | 12b. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 14. NAME OF HUSBAND OR WIFE Harrison Arnett | |
| 15. SOCIAL SECURITY NO. | | 16. INFORMANT Son | |
| 17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Liposarcoma of left thigh - metastases</i> | | 18. INTERVAL BETWEEN ONSET AND DEATH 2 years | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>metastases</i> DUE TO (c) | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 21. I attended the deceased from 1959 to July 22, 1963 and last saw her alive on July 15, 1963 | |
| 22a. TIME OF INJURY Hour a.m. p.m. | | 22b. ADDRESS 3506 Mitchell Ave. St. Joseph, Mo. | |
| 22c. DATE SIGNED 7/23/63 | | 23. NAME OF CEMETERY OR CREMATORY Savannah Cemetery | |
| 24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. July 26, 1963 | |
| 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell | | 27. LOCATION (City, town, or county) Savannah, Missouri | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

F.A. Peterson, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond H. Hooy

Licensed Embalmer No.

5147

P. O. Address

St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-25-63